SERFF Tracking Number:	*SEFL-126848794*	*State:*	*Arkansas*
Filing Company:	*Assurity Life Insurance Company*	*State Tracking Number:*	*47016*
Company Tracking Number:	*354-LIFE*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*354-Life*		
Project Name/Number:	*354-Life/354-Life*		

Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: 354-Life	SERFF Tr Num: SEFL-126848794	State: Arkansas
TOI: L08 Life - Other	SERFF Status: Closed-Approved-Closed	State Tr Num: 47016
Sub-TOI: L08.000 Life - Other	Co Tr Num: 354-LIFE	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Author: Kristi Hendrickson	Disposition Date: 10/11/2010
	Date Submitted: 10/08/2010	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: 354-Life	Status of Filing in Domicile: Not Filed
Project Number: 354-Life	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: not filed because the revision is not required in domicilary state
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/11/2010	Explanation for Other Group Market Type:
	State Status Changed: 10/11/2010
Deemer Date:	Created By: Kristi Hendrickson
Submitted By: Kristi Hendrickson	Corresponding Filing Tracking Number:
Filing Description:	

FILING DESCRIPTION

Assurity Life Insurance Company submits the form mentioned below for review and approval.

Form Number Form Title
47-354-05051 (R09-10) Physician Information and Agreement

REPLACEMENT

SERFF Tracking Number:	*SEFL-126848794*	*State:*	*Arkansas*
Filing Company:	*Assurity Life Insurance Company*	*State Tracking Number:*	*47016*
Company Tracking Number:	*354-LIFE*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*354-Life*		
Project Name/Number:	*354-Life/354-Life*		

The new form will replace previously approved form 47-354-05051 (R05-10) approved 8/03/2010 under filing number 46330.

47-354-05051 (R09-10), Physician Information and Agreement – This page is utilized to record the primary physician's information and all necessary signatures. The only revision was to add a statement which is required to be included in our application for Critical Illness insurance. Although this is not related to a life product this page is included in both life and health applications.

Company and Contact

Filing Contact Information

Kristi Hendrickson, Policy Filing Specialist
1526 K Street
Lincoln, NE 68508

policyfiling@assurity.com
402-437-3452 [Phone]
402-437-3802 [FAX]

Filing Company Information

Assurity Life Insurance Company
1526 K Street
P.O. Box 82533
Lincoln, NE 68501-2533
(800) 276-7619 ext. [Phone]

CoCode: 71439
Group Code: -99
Group Name:
FEIN Number: 38-1843471

State of Domicile: Nebraska
Company Type: Life/Health
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	$50.00	10/08/2010	40464440

SERFF Tracking Number:	*SEFL-126848794*	*State:*	*Arkansas*
Filing Company:	*Assurity Life Insurance Company*	*State Tracking Number:*	*47016*
Company Tracking Number:	*354-LIFE*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*354-Life*		
Project Name/Number:	*354-Life/354-Life*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/11/2010	10/11/2010

SERFF Tracking Number:	*SEFL-126848794*	*State:*	*Arkansas*
Filing Company:	*Assurity Life Insurance Company*	*State Tracking Number:*	*47016*
Company Tracking Number:	*354-LIFE*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*354-Life*		
Project Name/Number:	*354-Life/354-Life*		

Disposition

Disposition Date: 10/11/2010
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*SEFL-126848794*	*State:*	*Arkansas*
Filing Company:	*Assurity Life Insurance Company*	*State Tracking Number:*	*47016*
Company Tracking Number:	*354-LIFE*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*354-Life*		
Project Name/Number:	*354-Life/354-Life*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	Physician Infoprmation and Agreement		Yes

SERFF Tracking Number:	*SEFL-126848794*	*State:*	*Arkansas*
Filing Company:	*Assurity Life Insurance Company*	*State Tracking Number:*	*47016*
Company Tracking Number:	*354-LIFE*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*354-Life*		
Project Name/Number:	*354-Life/354-Life*		

Form Schedule

Lead Form Number: 47-354-05051 (R09-10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	47-354-05051 (R09-10)	Application/ Enrollment Form	Physician Infoprmation and Agreement	Revised	Replaced Form #: 47-354-05051 (R05-10) Previous Filing #: 46330	50.300	47-354-05051 _R09-10_.pdf

PHYSICIAN INFORMATION

Please list the last physician seen:

Name _____ Date last consulted ____/____/____
MM/DD/YYYY

Address _____
Street Address *Suite*

_____
City *State* *ZIP+4*

Phone No. (____) _____ Fax No. (____) _____

Is this your primary physician? ☐ Yes ☐ No

Reason for consultation _____

Results _____

_____

AGREEMENT

I *(We)* have read the above questions and answers and declare that they are complete and true to the best of my *(our)* knowledge and belief. I *(We)* agree that this application shall form a part of the policy if attached thereto.

I *(We)* agree that:

a. In the event the first full premium on the policy applied for is paid upon the date of this application, the insurance under such policy shall take effect as provided in the Temporary Conditional Insurance Agreement delivered by the Company's agent in exchange for such payment.

b. In the event the first full premium on the policy applied for is not paid upon the date of this application, the insurance under such policy shall not take effect unless: a) The application is approved by the Company at its home office, b) Such policy is issued and delivered to the Proposed Insured/ Owner, and c) Such first full premium is paid during the Proposed Insured's lifetime and continued good health and the life and continued good health of any other person(s) covered under the policy. When such approval, issue, delivery and payment have occurred, the insurance under such policy shall take effect as of the date of issue specified in the policy.

c. No agent or medical examiner is authorized or has power to change or waive any term, provision or condition of this application, the Temporary Conditional Insurance Agreement or the policy applied for, or to pass upon or approve insurability of any person for whom insurance is applied for.

Any person to be covered for any specified disease may not be covered by the Title XIX program *(Medicaid)*.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.

Substitute Form W-9 information *(Request for Taxpayer Identification Number and Certification)*: I, the Owner *(or each Joint Owner)*, certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person *(including a U.S. resident alien)*. The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

Signed at _____ on ____/____/____
City *State* *Date (MM/DD/YYYY)*

_____ _____
Signature of Proposed Insured *Signature of Additional Proposed Insured*

_____ _____
Signature of Parent/Guardian of Minor Child *Signature of Additional Proposed Insured*

_____ _____
Signature of Owner(s) (If other than Proposed Insured) *Signature of Beneficiary (If applying for Reversionary Annuity)*

_____ _____
Signature of Licensed Agent *Print Agent Name and Agent No.*

SERFF Tracking Number:	*SEFL-126848794*	*State:*	*Arkansas*
Filing Company:	*Assurity Life Insurance Company*	*State Tracking Number:*	*47016*
Company Tracking Number:	*354-LIFE*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*354-Life*		
Project Name/Number:	*354-Life/354-Life*		

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Readability Certification.pdf

Assurity®
Life Insurance Company

READABILITY CERTIFICATION

I hereby certify the following forms were tested for readability using Microsoft Office Word 2007 program and achieved the following test results:

Form No.	Description	Flesch Score
47-354-05055 (R09-10)	Physician Information and Agreement	50.3

Carol S Watson
Signature

October 8, 2010
Date

Carol Watson
Vice President, General Counsel and Secretary